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Rev. 8/95

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration OR  
Submitted with Initial Filing

☒ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

P/62128

First Named Inventor

SLATER

## COMPLETE IF KNOWN

Application Number

09/590,331

Filing Date

JUNE 8, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMMUNICATIONS SYSTEM

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY)

June 8th, 2000

as United States Application Number or PCT International

Application Number

09/590,331

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate, or §385 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9925164.7	United Kingdom	Oct. 26, 1999 10-26-99	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

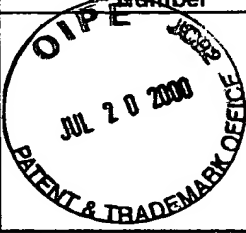
☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span> Customer Number or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>					
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below.					
Name		Registration Number		Name	
David B. Kirschstein, Esq.		17,244			
Alan Israel, Esq.		27,564			
Martin W. Schiffmiller, Esq.		30,421			
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
<p>Please direct all correspondence to: <input type="checkbox"/> Customer Number or label <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> OR <input checked="" type="checkbox"/> Fill in correspondence address below</p>					
<p>Name <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> KIRSCHSTEIN, OTTINGER, ISRAEL &amp; SCHIFFMILLER, P.C.</p>					
<p>Address <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> 489 Fifth Avenue</p>					
<p>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> New York State <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> New York ZIP <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 10017-6105</p>					
Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> United States		Telephone <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> (212) 697-3750		Fax <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> (212) 949-1690	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<p>Name of Sole or First Inventor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>					
Given Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Iain		Middle Initial <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> J		Family Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> SLATER	
Inventor's Signature <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span> <i>Iain J Slater</i>		Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 7/7/00			
Residence: City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Beeston Ryland		State <span style="border: 1px solid black; display: inline-block; width: 30px; height: 1.2em; vertical-align: middle;"></span>		Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> United Kingdom	
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> 26 Longland Road, Beeston Rylands					
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span> Nottingham NG9 1LR, United Kingdom					
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Nottingham		State <span style="border: 1px solid black; display: inline-block; width: 30px; height: 1.2em; vertical-align: middle;"></span>		Zip <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> NG9 1LR	
Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> United Kingdom		Applicant Authority <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					